

Notice: This form must be completed in applying for a grant to the Wisconsin Department of Natural Resources for grant monies to conduct a waste reduction and recycling demonstration project consistent with s. 287.25, Wis. Stats., and Chapter NR 548, Wis. Adm. Code. If this form is not used, the application cannot be considered. Personally identifiable information may be used for promotion of waste reduction and recycling in Wisconsin.

FOR DNR USE ONLY
Received
Project Number

1. Submit three (3) copies of the project narrative and all forms. Limit the application submitted (described in Section E, page 2) to 25 pages, staple or clip the application, and do not use folders or binders.
2. Mail the completed application to the above address.

A. Applicant Information			
Applicant	Name of Individual Authorized to Act on Behalf of Applicant		
Street or Route	Title		
City, State, Zip Code	Telephone Number (include area code)	FAX Number (include area code)	
Contact Person Name	Telephone Number (include area code)		
Title	Best Time to Call		
B. Proposed Project Period			
Beginning Date	Ending Date		
C. Project Summary	D. Budget Summary		
Please provide a summary paragraph of the proposed project in this space. A detailed description (project narrative), addressing all of the components listed in Section E, Page 2, must be attached as part of your application.	Complete forms 1 and 2. Transfer total cost from each schedule to lines 1 through 4 as indicated below. Add lines 1 through 4 and enter the sum on line 5. Multiply line 5 by .50* and enter the result on line 6. Enter the requested grant amount on line 7. Notice: Do not include costs that have been or will be funded in whole or in part by another state or federal grant program.		
	<u>Eligible Costs:</u>	<u>Total Cost</u>	<u>DNR USE ONLY</u>
	1. Labor Costs (Form 1, schedule I, line 7)	_____	
	2. Supplies, Consultant Services, Other Costs (Form 1, schedule II, line 7)	_____	
	3. Depreciation (Form 2, schedule I, line 7)	_____	
	4. Lease/Equipment Use (Form 2, schedule II, line 7)	_____	
	5. Total Project Cost	_____	
		x .50*	x .50*
	6. One Half of Total Project Cos	_____	
	7. Requested Grant Amount (enter the lesser of line 6 or \$150,000)	_____	
* 75% funding may be offered for community-wide waste reduction			

E. PROJECT NARRATIVE - REQUIRED COMPONENTS OF THE APPLICATION (Please limit to 25 pages)

Check the following boxes to indicate these sections of your application are included in your submittal. Before completing your application, please read "Important Information for Prospective Applicants."

- ☐ 1. **Background Information.** Describe the problem you intend to address. Tell what supporting research, development and/or testing you and/or others have already completed. Describe the facilities to be used in the project. Discuss the overall flow of the project, including information on suppliers, product purchasers, and other cooperating entities, if any, necessary to the project's success.
- ☐ 2. **Supporting Documentation.** Provide copies of letters of support. (Please refer to section labeled "Supporting Documentation" in "Important Information for Prospective Applicants" for details on this requirement.)
- ☐ 3. **Project Objectives.** List the major objectives of the project.
- ☐ 4. **Detailed Workplan.** Describe the specific tasks to be performed in order to achieve the project objectives. The workplan must provide enough information for the budget worksheets to be easily compared to the needs of the project.
- ☐ 5. **Timetable.** Provide a detailed timetable highlighting major planned activities and the target completion dates.
- ☐ 6. **Testing and Evaluation Procedures.** Describe the techniques which will be used to measure project results and to evaluate the technical and/or economic feasibility of continuing the project activity beyond the grant period.
- ☐ 7. **Discussion of the Innovative Nature of This Proposal.** See definition of "innovative" in Eligibility Section of packet; describe how this project fits the definition and how it relates to and differs from similar technologies or methods currently in use. (Applicants requesting funding under a Department "request for proposal" are not required to complete this section.)
- ☐ 8. **Key Personnel and Their Qualifications.** Briefly describe the expertise each of the key personnel, including cooperators, bring to the project; a resume for each may also be helpful.
- ☐ 9. **Estimate of Solid Waste Diversion.** Name the types and estimate the amounts of solid waste to be reduced, reused or recycled during the project; estimate the amount that would be reduced, reused or recycled if implemented fullscale or statewide.
- ☐ 10. **Applicability to Others.** These projects are intended to increase knowledge to be shared with all interested parties. Describe the anticipated ease with which others could use the information, methodology and results provided by the project.
- ☐ 11. **Information and Education Activities.** Describe the activities planned to inform others of the results of the project such as articles in trade journals, presentations to interested groups, newsletters, etc.
- ☐ 12. **Documentation of Financial Capability.** Include documentation to show that the applicant can provide for the remaining project costs which the advance payment (75% of the grant amount) will not cover (see discussion in "Important Information for Prospective Applicants").
- ☐ 13. **Supporting Literature.** Provide pertinent articles and/or research summaries that demonstrate the unique qualities of the project and/or support the feasibility and potential value of the proposal.
- ☐ 14. **Authorization to Apply.** Include a statement signed by a person or board who has the authority to commit the applicant to apply for funding and complete the project, and naming the person authorized to act on the applicant's behalf with respect to this grant application. Governmental bodies must use the sample authorizing resolution located on the last page of "Important Information for Prospective Applicants".

I certify that to the best of my knowledge, the above information and application attachments are correct and true. I understand and agree that any grant monies subsequently awarded as a result of this application shall be used in compliance with s. 287.25, Wis. Stats., and ch. NR 548, Wis. Adm. Code.

Signature of Authorized Representative

Date Signed

Printed Name and Title

Applicant Name _____

SCHEDULE I. Labor Costs

List project personnel by name and/or title. Include fringe benefits such as insurance, retirement, social security, etc. Specific tasks and the hours assigned to each must be listed in the workplan and must match the total hours claimed here.

	A. Name/Title	B. Hourly Rate	C. Hours on Project	D. Salaries Cost (BxC)
	EXAMPLE: Project Manager	\$20.00	800	\$16,000
1.				
2.				
3.				
4.				
5.				
6.				

Line 7: Estimated Total Salaries Cost
(enter on page 1, part D, line 1)

SCHEDULE II. Supplies, Consultant Services, and Other Costs

List all materials/services expected to be used for this project.

	A. Description of Expense	B. Cost Per Unit/Hour	C. Number of Units/Hours	D. Cost (BxC)
	EXAMPLE 1: Clear Glass	\$ 25.00/Ton	2	\$50
	EXAMPLE 2: ABC Consultants	\$45.00/Hour	20	\$900
1.				
2.				
3.				
4.				
5.				
6.				

Line 7: Estimated Total Cost
(enter on page 1, part D, line 2)

Applicant Name _____

SCHEDULE I. Depreciation

A. Description of Equipment or Facility Used in Project	B. Date of Purchase	C. Original Cost of Item	D. % Use in Project	E Expected Life (years)	F. Project Period (years)	G. Depreciation Equipment Cost (CxD ÷ ExF)
EXAMPLE: Warehouse	1989	\$100,000	.25	27	1	\$926

1.						
2.						
3.						
4.						
5.						
6.						

Line 7: Estimated Total Depreciation Cost
(enter on page 1, part D, line 3)**SCHEDULE II. Lease/Hourly Equipment Use**

Do not claim lease/equipment hourly use expenses for any item for which you claim depreciation expenses.

A. Description of Equipment Used in Project	B. Leased or Owned?	C. Monthly or Hourly Rate	D. Projected Months/Hours of Use	E. Projected Cost of Using Equipment (CxD)
EXAMPLE: Pickup Truck	owned	\$8.00/hour	100 hours	\$800

1.				
2.				
3.				
4.				
5.				
6.				

Line 7: Estimated Total Lease/Equipment Cost
(enter on page 1, part D, line 4)